

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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APPLICANT(S) _____		

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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TOTAL CLAIMS						